

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002005

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

91

AMENDED

149  
FILED JAN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI b. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

Life

c. CITY

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

RESEARCH HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET

6825 S. BENTON

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

ROBERT

First

Middle

M.

SECK SR.

Last

## 4. DATE OF DEATH

Month

JAN.

Day

7

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

Aug. 9, 1909

## 9. AGE (last birthday)

52

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

## 10b. KIND OF BUSINESS OR INDUSTRY

Automotive

## 11. BIRTHPLACE (City and state or country)

KANSAS CITY MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

George J. SECK

## 13b. MOTHER'S MAIDEN NAME

AGNES G SHAW

## 14. NAME OF HUSBAND OR WIFE

N.C. MO.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

5 ROBERT M. SECK, JR.

Address

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

15 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 10, 1960 to Jan 7, 1962 and last saw him alive on Oct 7, 1961

Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

Kansas City, Mo.

## 22c. DATE SIGNED

1/8/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

1-10-62

## 23c. NAME OF CEMETERY OR CREMATORY

CALVARY

## 23d. LOCATION (City, town, or county)

KANSAS CITY MO.

## 24. FUNERAL DIRECTOR

Muehlebach

## ADDRESS

6800 TROOST

## 25. DATE RECD. BY LOCAL REG.

1-8-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DR. F. B. Bldg.  
PROF. Bldg.  
G.R.-1-2892

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Alfred H. Hammons, Student Embalmer No. 646

working under my personal supervision.

Student Alfred H. Hammons Signed RE Nichols  
Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.